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EPA		POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION	SITE NUMBER (to be added signed by HQ)
				6	TX 05207
<b>NOTE:</b> This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.					
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System; Hazardous Waste Enforcement Task Force (EN-JJS); 401 M St., SW; Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b>					
A. SITE NAME Hercules Inc.		B. STREET (or other identifier) 3300 Bingle			
C. CITY Houston		D. STATE Texas	E. ZIP CODE 77055	F. COUNTY NAME Harris	
G. OWNER/OPERATOR (if known) 1. NAME Hines Industrial (owner) 2700 South Post Oak, Houston, Texas 77056		2. TELEPHONE NUMBER (713) 629-8400			
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION The site is a chemical plant manufacturing water treatment chemicals for industrial cooling towers and boilers.					
J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citation, etc.) State		K. DATE IDENTIFIED (mo., day, & yr.) 4-22-80		L. DATE IDENTIFIED (mo., day, & yr.) 4-22-80	
M. PRINCIPAL STATE CONTACT 1. NAME Dan Scheppers - TDWR		DEC 19 1991		2. TELEPHONE NUMBER (512) 475-1344	
<b>II. PRELIMINARY ASSESSMENT (to be completed last)</b>					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)					
C. PREPARER INFORMATION 1. NAME Philip S. Liang, Engineering-Science, Inc. 2. TELEPHONE NUMBER (713) 943-2922 3. DATE (mo., day, & yr.) 1-19-84					
<b>III. SITE INFORMATION</b>					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (These industrial or commercial sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (These sites which no longer receive wastes.) <input checked="" type="checkbox"/> 3. OTHER (specify: no onsite disposal facilities)					
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code: 2899)					
C. AREA OF SITE (in acres) 5		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec.) 29° 49' 25" 2. LONGITUDE (deg-min-sec.) 95° 29' 41"			
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify: office building)					

Continued From Front

CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MOUND DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED			
See Attachment A			
V. WASTE RELATED INFORMATION			
A. WASTE TYPE			
<input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. LIQUID <input checked="" type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS			
B. WASTE CHARACTERISTICS			
<input type="checkbox"/> 1. UNKNOWN <input checked="" type="checkbox"/> 2. CORROSIVE <input type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input checked="" type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input checked="" type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE			
<input type="checkbox"/> 10. OTHER (specify):			
C. WASTE CATEGORIES			
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.			
Yes, from shipping manifests.			
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.			
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS
AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
			600 cy/mo
			3,000 gal/mo
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (4) FERROUS DRY TAILINGS
			<input type="checkbox"/> (5) NON-FERROUS DRY TAILINGS
			<input checked="" type="checkbox"/> (6) OTHER (specify): wastewater contaminated with Zn, Cr, and P.
			<input type="checkbox"/> (7) PHENOLS
			<input type="checkbox"/> (8) HALOGENS
			<input type="checkbox"/> (9) PCB
			<input type="checkbox"/> (10) METALS
			<input type="checkbox"/> (11) OTHER (specify):

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
Zn				
Cr				
Amine				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continued From Front

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. STATE PERMIT (specify):	TDWR SWR 30613
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input checked="" type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER	TXD 077425007
<input type="checkbox"/> 10. OTHER (specify):			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
C. WITH RESPECT TO (list regulation name & number): TDWR Industrial Solid Waste Regulations			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (summarize below)			
In December 1975, TWQB took enforcement action at subject site for unauthorized disposal of wastes. The above reference was found in PA prepared by TDWR on 5-20-80.			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Routine Inspection	1-20-82	TDWR	Field Reconnaissance
Routine Inspection	1-17-84	TDWR	Field Reconnaissance
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			



ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in  
explanation of a question on the form T2070-2.

Corresponding  
number on form

Additional Remark and/or Explanation

IV-#

The major waste generated is washwater and wastes from chemical blending. The wastewater is stored in two 8' x 5' x 5' below-grade unlined concrete basins. Another 12' x 8' x 3' well is available for an emergency containment and for collection of stormwater runoff. All wastes are disposed of off-site. Therefore, this site is not considered to pose a hazard, and no further action is recommended.

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HERCULES, INC.  
HABBIT # TX05207